

YOUR EXPERIENCE MATTERS Fall 2007

Volume 1 Issue 1

Texas Medical Monitoring Project Newsletter

Giving a voice to the HIV/AIDS community throughout Texas to advocate for reducing the gaps in existing resources.

MMP- What is MMP and how will it help Texas?

Inside this issue:

	MMP— What is MMP and how will it help Texas?	1
× × ×	MMP staff highlight- Sylvia Odem, MPH	1
*	MMP Advisory Boards	2
	Cornerstones— Highlights of our lead Provider & Community Advisory Board members	2
	2nd Annual CBAF HIV/AIDS & Substance Abuse Conference	3
·	Getting the facts on FFACTS	3
	2005 Pilot Year Data— Outcomes of	4

Interest

toring Project (MMP) is a new initiative across Texas by the Department of State Health Services and The University of Texas Southwestern Medical Center, in collaboration with the Centers for Disease Control and Prevention (CDC), the National Institutes of Health (NIH) and the Health Resources and Services Administration (HRSA). The goals of the project are to provide a wide array of local and national estimates of behaviors and clinical outcomes for persons in care

related behaviors and accessibility to prevention and support services, to increase knowledge of care and treatment provided, and examine factors by geographic area as well as patient characteristics. The existing resources. Populasampling method begins with the Texas Department of State Health Services identifying all HIV care providers in Texas. A representative sample of the providers is chosen and contacted to participate. From those providers, an equal probability sample of

The Medical Moni- for HIV, to describe health- patients is chosen. Data from the project will be used to inform HIV prevention community planning groups, planning councils, providers of HIV care, and people living with HIV/AIDS to advocate for reducing the gaps in tion-based data from MMP will provide an opportunity for policy decisions, resource allocation, and evaluation of prevention and treatment initiatives at local and national levels. MMP is vital to the future of HIV care, treatment, prevention, and support services throughout Texas.

Sylvia Odem, MPH, Project Coordinator

Sylvia Odem was born and raised in New Orleans and is one of nine children who are all good friends. She is newly married and has a beautifully complicated 8-year-old daughter. She attended Louisiana State University and the University of Texas in Austin where she studied community health education.

After graduation she served in the Peace Corps for one year in the highlands of Guatemala teaching nutrition to indigenous people. She returned early to attend graduate school and work as a researcher interviewing women about their prenatal care and conducting phone surveys about smoking, drinking and acculturation in the Hispanic popu-

lation. She completed a Master of Public Health degree in 1993 and passed up a paid scholarship in the doctorate program to experience life in Los Angeles. There she worked as an epidemiologist coordinating the Supplement to HIV/AIDS Surveillance (SHAS) project and spent her free time running on the beach in Venice and mountain biking in the Santa Monica mountains. She served on the board at LA SHANTI, a nonprofit AIDS organization that provides support and services for people living with HIV and other illnesses.

In 1997 she returned to Austin, Texas and soon started a long career at the state health department. Nine of her ten years at DSHS have been working in the field of HIV as an epidemiologist starting up SHAS in Texas,



coordinating the Adult Spectrum of Disease (ASD) project, and currently implementing the Medical Monitoring Project (MMP). She is very enthusiastic and committed to the purpose and value of MMP in Texas and is determined to have 100% facility participation in 2008.

These days she spends her free time with her husband and daughter, their blue-eyed dog, Molly, and two cats, Wellington and Mary, named by her English husband.

The Community and Provider Advisory Boards The Cornerstones of Texas MMP

toring Project collaborates with the community through our advisory boards. The Provider Advisory physician assistants, nurse practitioners, nurses, and clinic manag-

The Texas Medical Moni- ers. The Community Advisory Board consists of community members living with HIV/AIDS as well as HIV prevention workers, case managers, pharmaceutical Board members include physicians, representatives, program directors, counselors, and disease intervention specialists. The advisory boards review and give input

on project materials, assist with presentations statewide, assist in facility and patient participation, and answer participant questions, as well as many other valuable contributions. These boards provide a perfect place for dialogue between MMP staff and the Texas community.

Laura N. Armas-Kolostroubis MD - Lead Provider Advisory Board Member

Dr. Laura Armas-Kolostroubis was born and raised in Mexico City, attended La Salle University Medical School, graduated in 1986, and started residency training in Ob-Gyn at the National Institute of Perinatology in Mexico City, then moved for personal reasons to Dallas, Texas in 1989- she met this crazy Greek guy, went mad and married him!

She re-entered her professional life in 1993 doing residency training at Presbyterian Hospital of Dallas, followed by a fellowship on General Internal Medicine/Women's Health. At the end of her fellowship, she joined Parkland Health and Hospital System as an internist and HIV healthcare provider at the Southeast Community-Oriented Primary Care Clinic (COPC). In 2002, she transferred to HIV services full time, and in 2004 accepted the Clinical Director posi-



Medical Monitoring Project is a revolutionary activity that will provide insight not just for HIV, but for many other chronic diseases care."

tion for the Texas/Oklahoma AIDS Education and Training Center (AETC). She holds this post for 40% of her time, and for the rest she provides primary care to HIV infected women at the Women's Specialty Center at the Southeast COPC. She is still married to that crazy Greek and they have a wonderful 'Grexican' son who is in his senior year of high school.

In her years at Parkland she has been involved in many performance improvement initiatives, and provider education and research activities. Through her AETC collaborations and activities, she has learned about the regional strengths and weaknesses

"I believe the of different programs and practices, as well as different settings of care for different populations - that's why when she was asked to participate in the MMP, she was thrilled! She was not the only one noticing and realizing that HIV/AIDS is a disease that needs to have standards and benchmarks that will help to improve access to care and services for persons living with HIV/AIDS (PLWHA).

> When asked about why she is so passionate about the project, she replied, "I believe the MMP is a revolutionary activity that will provide insight not just for HIV, but for many other chronic diseases. Being part of this project makes my professional practice more fulfilling, I feel as if I'm part of something bigger and better. My small observations can be validated at a greater scale, and we can provide better care and a model for other initiatives to follow. I look forward to the outcomes of this project."

David Huse-Lead Community Advisory Board Member

David Huse serves as the lead board member on the MMP Community Advisory Board. He lives in east Dallas with his four Shelties. He has been involved in HIV/AIDS services for over 15 years. David worked for John Peter Smith Hospital in Fort Worth in the Construction Management Department where he was part of the design and construction team for the hospital, including the HIV/ AIDS departments. He started volunteering by cooking for the Hot Meals Program at the Resource Center of Dallas. He served on the Community Advisory Boards of Parkland and the AIDS Resource Center of Dallas. Later, he was



across the state and tem. the nation to ensure

involved in the Ryan White Planning Council of Dallas and served as the Vice Chair.

Currently, David is serving as the Dallas consumer representative on the HIV Medication Program Advisory Committee of Texas. He was diagnosed with HIV early in the '80s. He has lost two partners to the disease and countless friends. He has re-

"To me the MMP is a ceived care in both the private healthcare way of determining system as well as at John Peter Smith the level of care Hospital, and Parkland Healthcare Sys-

that all PLWAs are In 2006, David represented Texas at the able to access the annual MMP CAB meeting in Atlanta. same quality of care David also accompanied Sylvia Odem to anywhere." meet with his physician to ensure the clinic's participation in the program. David states "I have always felt that the consumer should be an active partner in his own health care, then why not be real partners with the physicians in this. To me the MMP is a way of determining the level of care across the state and the nation to ensure that all persons living with AIDS (PLWAs) are able to access the same quality of care anywhere."

Sylvia Odem of the MMP presented outcomes of interest during HIV/AIDS the recently concluded 2nd Annual Coastal Bend HIV/AIDS & Substance Abuse Prevention Conference. The conference was hosted by Coastal Bend AIDS Foundation (CBAF), the HIV/AIDS & Substance Abuse Prevention Task Force and The University of Texas Health Science Center at San Antonio School of Medicine. The conference was held September 13 and 14th, 2007 at the Del Mar College in Corpus Christi and provided up-to-date information on current trends in HIV/AIDS prevention as well as data on substance abuse and mental health issues and care in the coastal bend area.

A total of 19 speakers presented in 5 plenary sessions and 4 break-out sessions. Each break out session consisted of 5 different topics ranging from HIV/AIDS, mental health, and substance abuse prevention. In



The Family Focused AIDS Clinical Treatment and Services (FFACTS) was established by the University Health System in collaboration with University of Texas Health Science Center at San Antonio in 1990 and currently provides care to more than 1800 people living with HIV/AIDS. The FFACTS program is the oldest AIDS ambulatory/ outpatient medical care program in South Texas and has provided medical care and support services to more than 5000 people living with HIV/ AIDS.

The FFACTS program has evolved over the past sixteen years, adding a specialty inpatient component to meet the complex needs of hospitalized patients in 1992, and a full mental health and substance abuse treatment program in 2000. The addition of correctional health services for HIV positive inmates at the Bexar

2nd Annual Coasial Bend HIV/AIDS & Substance Abuse Prevention Conference



Sylvia Odem and Sabeena Chintapalli present Pilot Year Outcomes of Interest at the 2nd Annual HIV/AIDS & Substance Abuse Prevention Conference attendance were the special guest of honor Texas House of Representative Hon. Solomon Ortiz, Jr. and keynote speakers Ranee Clayton, MS, MA, LPC, the first Executive Director of CBAF, and Hon. Joe A. Gonzalez, a renowned judge passionate about improving the lives and giving opportunities for youth who come through his court. The conference was attended by 120 professionals including physicians, nurses, chemical dependency counselors, social workers, school teachers, law enforcement, and probation workers from the coastal bend area who work directly with high risk populations.

MMP staff was really excited to be invited to the conference and look forward to presenting data from the 2007 project year at the conference next fall. Thanks to Olufemi Faweya, Program Director at CBAF for contributing to this article and including MMP in this conference.

Getting the Facts on FFACTS

Family Focused AIDS Clinical Treatment Services



"I support the MMP because our communities need to know as much as they can about the needs of our patients, their lives, and their health status- as well as about our community in general."

- Teresa Talley, R.N. Director of Clinical Programs, FFACTS

County Jail was accomplished in 2000 and includes a telemedicine clinic. The addition of a full service specialty pharmacy exclusively for people living with HIV/AIDS in the University Health Center Downtown was completed in 2004. The pharmacy is a ADAP, Medicaid, Medicare Part D, and Carelink provider and currently fills more than 40,000 prescriptions per year.

In 2005, the program completed integration of the FFACTS and South Texas

Quality of Life

YOU

Respect

Adherence Support to Care

Funds

Family AIDS Network (Ryan White Title IV program) providing comprehensive family-centered care to more than 500 men, women, infants, children and youth infected with or affected by HIV/AIDS in San Antonio and South Texas. The FFACTS program continues to evolve with the changing needs of the community.

Teresa Talley, R.N., is Director of Clinical Programs at FFACTS and is responsible for daily management of all program functions, as well as writing grants for state and federal programs associated with FFACTS. Ms. Talley has 26 years experience in nursing, 17 years experience in management, and 24 years experience with HIV/AIDS nursing and program management. Ms. Talley is an associate member of the American College of Healthcare Executives.





PROVIDING FOR A HEALTHIER COMMUNITY

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DSHS website: http://www.dshs.state.tx.us/hivstd/healthcare/MMP.shtm

CDC website: http://www.cdc.gov/hiv/topics/treatment/mmp/index.htm

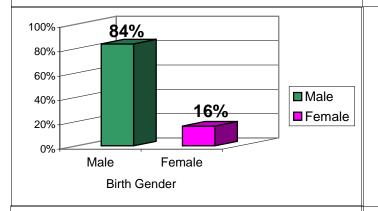
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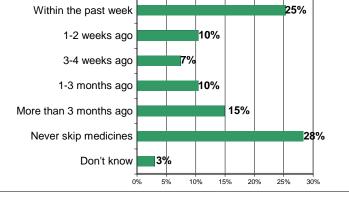
2005 MMP Pilot Year Data

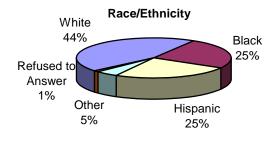
The 2005 pilot data are not representative of persons in care for HIV in Texas. Of the 27 facilities sampled, 13 facilities agreed to participate. Eighty six patients participated of the 150 selected. The data are not geographically representative. West Texas, the Pan Handle, and South Texas were not represented at all. The interview data are self-reported and medical chart abstraction data are not yet available for comparison

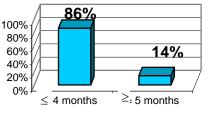
and analysis. Patients in the pilot year were 84% male and 16% female. The 40-49 age group accounted for half of the participants while the age distribution was fairly even in the remaining age groups: 18-29 (13%), 30-39 (21%), and 50 + (16%) years of age. The highest percentage of the patients were Caucasian (44%), followed by African-American (25%), and Hispanic (25%).

Last Time Missed Any ARV Dose Among patients who were currently taking ARV (n=67)









Time between Positive test and Receiving HIV Care